

## **Slough Wellbeing Board – Meeting held on Wednesday, 17th July, 2013.**

**Present:-** Councillor Rob Anderson, Ruth Bagley, Helen Clanchy (substitute for Matthew Tait), Ramesh Kukar, Dr Jim O'Donnell, Dr Angela Snowling (substitute for Lise Llewellyn) and Jane Wood

**In attendance:-** David Liley and Colin Pill (Healthwatch)

**Apologies for Absence:-** Councillor James Walsh, Richard Humphrey, Lise Llewellyn, Neil Prior, Paul Southern, and Matthew Tait

### **PART 1**

#### **13. Declaration of Interest**

None were declared.

#### **14. Minutes of the last meeting held on 15th May 2013**

**Resolved -** That the minutes of the last meeting of the Board held on 15<sup>th</sup> May 2013 be approved as a correct record.

#### **15. Protocol for the Slough Wellbeing Board relationship with Overview and Scrutiny**

The Board considered a report proposing a protocol to guide the working arrangements between the Council's scrutiny function and the Board. With the changes, redefined roles and relationships between different elements of the health infrastructure arising from the Health and Social Care Act 2012, it was necessary to establish a process for collaboration between the Slough Wellbeing Board and the scrutiny function as exercised by the Overview and Scrutiny Committee and Panels.

The primary contact between Overview and Scrutiny and the Board (or Health PDG where relevant) would take place through the Health Scrutiny Panel. It was envisaged that both parties would start from an assumed position of openness, honesty, partnership and collaboration. The protocol went on to detail how the Board and Health Scrutiny would exchange information and interact with each other. In particular it provided for Health Scrutiny to be involved at key stages in the development of the Joint Wellbeing Strategy and the JSNA and each party would provide the other with a quarterly forward work programme.

The protocol was due to be considered by the Health Scrutiny Panel at a meeting to be held on 24<sup>th</sup> July 2013.

**Resolved -** That the proposed working protocol be endorsed.

## 16. Slough Wellbeing Board Communications and Engagement Strategy

Consideration was given to a communications and engagement strategy for the Slough Wellbeing Board setting out the communications' priorities and activities for the next 12 months.

As the Board had a network of Priority Delivery Groups (PDGs) in place to act as the vehicle for the delivery of its priorities, it was envisaged that each PDG would have its own communications and engagement plan linking directly to its delivery plan and ultimately the Slough Joint Wellbeing Strategy. The communications and engagement plan for the Board had therefore been drafted as a broad plan setting out short term messages with the key agenda items and how these can be delivered.

The communications and engagement plan was broken down into the following phases, in line with the future work programme:

- SWB awareness building (August to December 2013)
- Communications and engagement on emerging priorities and the cross cutting themes (September 2013 to September 2014)
- Communications on the refresh of the JSNA (to be confirmed) and the JSWS (July 2014)

Arising from discussion of the plan, the Board was pleased to note the use of social media as an important communication method, with the relevant Partner to play a key role in each campaign or communication activity. It was suggested that the plan should give more weight to an evidence-based approach to social marketing campaigns, as recognised at a recent task and finish group meeting. The scope for schemes or campaigns designed to effect behavioural change through the use of incentives was noted, together with the potential these had for attracting sponsorship from businesses. The Board supported the principle of campaigns on matters around encouraging volunteering, general health checks etc.

In connection with involving business partners with campaigns, it was reported that the branch of Boots in Slough town centre had an average daily footfall of 11,000 making it one of its busier stores. This was the sort of business which might be interested in campaigns around healthchecks, the packaging and presentation of medicines etc. It was suggested the attention of the Town Centre Manager be drawn to this potential.

The Healthwatch representatives expressed an interest in joining any campaign organised to assist in the promotion of itself to local residents.

**Resolved** - That subject to the comments referred to above, the communications and engagement strategy be endorsed, and respective communications representatives be requested to engage in further work to complete the Action Plan set out in Appendix A to the report.

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### 17. Healthwatch Slough Update

The Board received a presentation from David Liley, Regional Manager for Help and Care, about progress on the establishment of Healthwatch Slough.

All appointments to the Board had now been made and Colin Pill had been elected Chair. Induction and training for Board Members and staff was ongoing and details of the contract for the operation of Healthwatch were in the course of being settled with the Borough Council. Liaison arrangements with groups and providers were being put in place and contact with the Slough community was being progressed through attendance at events, meetings, delivering presentations, distributing Healthwatch E news, visits to the website, publicity material on display etc. The Healthwatch helpline was also up and running but had received only a few calls so far. Healthwatch would be happy to receive general publicity or PR assistance from partners, with particular help in relation to the recruitment of volunteers.

Healthwatch England had requested some work be undertaken to look at the NHS complaints system to see how effectively it was working locally. It was suggested that contact be made with the Council's Corporate Complaints Manager or the NHS England Area Team for advice or assistance regarding complaint handling. It was noted that although GP surgeries had their own systems for dealing with complaints, there may be a role for Healthwatch in ensuring that complainants were assisted to submit complaints to the correct body in order to receive a timely response.

In answer to questions, it was confirmed that Healthwatch were making promotional material available to all GP surgeries, were proposing to be represented at CCG meetings, and would wish to be involved in the deliberations of the Federated Quality Committee, which worked across the three local CCGs.

**Resolved** - That the report be noted.

### 18. Priority Delivery Group (PDG): Safer Slough Partnership Strategic Assessment and Action Review

Consideration was given to an update on the priorities and actions resulting from the 2013/14 Safer Slough Partnership Strategic Assessment.

The Board noted that the Strategic Assessment was a statistical audit highlighting the main crime and anti-social behaviour problems in Slough and demonstrated how the Safer Slough Partnership (SSP) had addressed these problems in 2012, going on to outline the options for 2013. The projects and actions set out included new interventions in relation to violent and acquisitive crime and a reorganisation of drug services and domestic abuse services.

The Strategic Assessment showed that between 1<sup>st</sup> January 2012 and 31<sup>st</sup> December 2012, reported crime fell by 13.9% and reported anti-social behaviour fell by 10%. Crime had reduced across the board with violent crime

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with injury, acquisitive crime and stealing all showing a positive reduction. The Board was pleased to note that this was part of a long-term trend with crime falling in Slough for each of the last three years; and by 38% between April 2003 and March 2013.

A number of points arose during discussion of the report and presentation:

- There was a correlation between crime and substance use; the fall in acquisitive crime may be linked to the increase in availability of treatment.
- Targeting high areas of crime through prevention and environmental improvements along with a better understanding of offenders had been positive factors in the progress of the SSP.
- There had been a doubling of funding for work to tackle domestic abuse through commissioning new support services for victims and perpetrators. The focus is on earlier intervention and earlier support.
- The availability of ward data on domestic abuse, together with any known reasons for variations, would be important to feed into any place-shaping interventions planned for Foxborough /Chalvey. Was there a correlation between domestic violence rates in these wards or the 11 super output areas reviewed.
- The Troubled Families programme had commenced, with an initial cohort of 110 families (due to rise to 330 families over 3 years) looking at such factors as school attendance, anti-social behaviour etc. The cohorts were generally known to the agencies but progress was being made through successful engagement with families.
- Underreporting of crime and anti-social behaviour was perceived to be a problem and tended to be worse in BME communities. The SSP had invested in campaigns to encourage reporting. Jim O'Donnell indicated that Primary Care was often in possession of "soft intelligence" in relation to domestic abuse and he was happy for the CCG to cooperate with the SSP on this.
- The Children's Safeguarding Board was also coming forward with plans and targets and would be working jointly with the SSP on a number of initiatives. The sharing of 'age-related' data on such matters of excessive or binge drinking could be very useful. (As an aside it was reported that teenage pregnancy rates had been below the national average for each of the last two quarters).
- Increasing people's assurance and understanding about reducing crime levels and a safer Slough was an important aim; this linked back to the development of an effective communications strategy.

**Resolved** - That the report be noted.

## 19. Performance Monitoring 2013 - 2014

The Board considered a report presenting the performance monitoring tool that will accompany the Slough Joint Wellbeing Strategy (SJWS) to monitor the priority actions set down.

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It was proposed that this should form the basis of a regular performance report to the Board, suggested at twice yearly intervals, to be the most appropriate way to present timely and relevant data. The indicators it was proposed to report on had been taken from a range of sources including the Public Health Outcomes Framework (PHOF), the Adult Social Care Outcomes Framework (ASCOF) and the Quality Outcomes Framework (QOF). Also some key indicators used by the PDGs had been chosen where these were considered to show progress against the five priority areas of the Wellbeing Strategy – Health; Economy and Skills; Housing; Regeneration and Environment; and Safer Slough.

It was recognised that high level indicators only had been selected in the draft performance tool, leaving other more detailed indicators to be monitored at PDG level. The Board considered that it was important to ensure that this division was drawn in the appropriate place in order that the right data was presented for review. For instance, as all the health indicators were used in the place shaping exercise, it was suggested that a number of them may be appropriate bringing forward to the performance tool. In particular, reference was made to the diabetes indicators which would be a valuable addition.

In addition to the above, it was hoped to get some consistency across Berkshire on the performance monitoring data used. Some further discussion between all the parties involved would be appropriate. As regards the format of the monitoring document, it was suggested that this would be improved by clarifying the direction of travel arrows so that performance improvement or deterioration was transparent and obvious.

### **Resolved -**

- (a) That subject to further consideration of the final make-up of the indicators included, and in consultation with other partners, the performance monitoring tool be approved as the process for monitoring progress of the SJWS.
- (b) That the report be presented bi-annually to allow for relevant and up to date information to be presented to the Board.

## **20. Place Shaping Exercise**

Consideration was given to an update on the outcomes of the second place shaping workshop held on 25<sup>th</sup> June 2013 and the actions it was recommended to take forward.

A further review of the Index of Multiple Deprivation (IMD) data had taken place for review at the workshop. It was concluded that Foxborough ward (post boundary change in 2014) remained the most deprived ward in Slough and would benefit from a joined up place shaping approach to identify how long term positive outcomes can be achieved. Whilst there were high levels of deprivation / need across some Super Output Areas (SOAs) in a number wards across Slough, the issues and needs are varied and had the potential to change due to factors such as population churn. For example, Baylis and Stoke, Chalvey and Central had significantly higher levels of Coronary Heart

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Disease (CHD) admissions than other areas, but this was not reflected in all health measures.

The following key issues and potential ideas were identified at the workshop:

**Geo-focus** – if the current culture of a community was unlikely to engage with the services and activities provided, it would be important to encourage community change in terms of behaviour and social norms before a programme of services was launched. A long term approach was necessary and should involve schools eg. Montem Primary School in Chalvey, where the population churn has posed particular challenges.

**Volunteering and role models** – this would be another opportunity to encourage volunteering and use the community to provide positive role-models. There was a role for business – Telfonica had experience of supporting volunteering schemes in other areas. The existing work with the Slough Business Community Partnership and Aspire should be built on and for Chalvey, engaging with Scottish and Southern Electric should be pursued.

**Social media** – this presented opportunities to target and engage communities in terms of health and reducing obesity, for example, through an app for a mobile phone offering fee reductions for physical activity such as swimming or a visit to the gym. Telefonica's 'Priority moments' provided a route for this but such a project would require a joint approach by the business community, health and voluntary services representatives.

**Linking key services** – arising from recent research carried out by the Police Foundation (particularly relevant to Chalvey), Thames Valley Police are currently reviewing levels of domestic abuse and health issues and the correlation between the two. There was a strong causal link between domestic abuse and over consumption of alcohol so the development of a strategy by Public Health and the Police through the Drug and Alcohol Abuse Team to tackle this would be beneficial.

It was envisaged that these methods of approach should be included in a 'hot' street approach. Enforcement officers from all the partner organisations would join together on a given day (or longer period as appropriate) to deal with issues which could range from 'beds in sheds' to prostitution to fire safety advice.

The Board stressed the importance of multi-disciplinary working and co-operation which was key to a successful approach on any place shaping intervention. It was reported that the Health PDG had established a plan for Chalvey, subject to further work to engage the school. It would then begin looking at Foxborough. It was suggested that part of the planning should be around the development of a template for a minimum level of outcomes to be achieved in each area.

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- (a) That the decision to focus the place shaping approach in targeted areas of high need in Chalvey and Foxborough be confirmed.
- (b) That working closely with partners, one year, three year and five year priorities be developed to achieve the identified outcomes of this workstream.
- (c) That the next steps be considered at the September workshop, to agree actions, assign relevant leads and establish timescales for reporting progress.

**21. Disabled Children's Charter**

Consideration was given to a Disabled Children's Charter, as proposed by the Every Disabled Child Matters campaign, which all Health and Wellbeing Boards had been invited to sign up to.

The Charter had been reported to the Children and Young People's Partnership Board (CYPPB), which had undertaken to take on the responsibility of complying with the Charter on behalf of the Board. The Charter committed signatories to it to improve the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. It was proposed that the CYPPB would report on progress before the year end.

**Resolved -** That the Disabled Children's Charter be endorsed.

**22. Work Programme 2013/14 and Key Developments**

The Board received a schedule showing the work programme for 2013/14 together with known key developments. With regard to the JSNA, it was noted that the report to the September meeting would be an early progress report only, with a further report to be made at the November meeting. An item on 'Section 256 Agreements' was put forward for the September meeting.

**Resolved -** That the work programme, subject to the amendments referred to, be noted.

**23. Date of Next Meeting**

The date of the next meeting was confirmed as 25<sup>th</sup> September 2013.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.55 pm)